

TRADITIONAL ARTS APPRENTICESHIP-FORM 2

All TRAap applicants should read the guideline instructions to correctly complete this application. Neatly
handwrite or type in 12-point. Fill in all questions and fields and complete the checklist

(www.arts.idaho.gov/grants/applic.aspx) and budget.

MASTER ARTIST

Name _____ A.K.A. _____
 Art Form(s) _____ Occupation _____
 Street Address _____ P.O. Box _____
 City _____ State _____ Zip _____ County _____
 Phone: Day _____ Evening _____
 Cell _____ Fax _____ E-mail _____

☐ This is a new address or ☐ phone number. I am an Idaho state employee. ☐ yes ☐ no

◆ U.S. Congressional District 1 ☐ or District 2 ☐ ◆ State Legislative District _____
 (www.arts.idaho.gov/resources/leg.aspx)

I am willing to take _____ as my apprentice as outlined in this application.

Signature _____ SS# _____ Date _____

(Required)

APPRENTICE

Name _____ A.K.A. _____
 Art Form(s) _____ Occupation _____
 Street Address _____ P.O. Box _____
 City _____ State _____ Zip _____ County _____
 Phone: Day _____ Evening _____
 Cell _____ Fax _____ E-mail _____

☐ This is a new address or ☐ phone number. I am an Idaho state employee. ☐ yes ☐ no

If you are currently enrolled in a degree-seeking program, what is your major? _____

◆ U.S. Congressional District 1 ☐ or District 2 ☐ ◆ State Legislative District _____
 (www.arts.idaho.gov/resources/leg.aspx)

I am willing to take _____ as my master as outlined in this application.

Signature _____ SS# _____ Date _____

(Required)

Signature _____ SS# _____ Date _____

(Parent or guardian's signature and SS# are required for apprentices under the age of 18.)

The **optional** information below is requested so the Commission can better serve constituents.

	Master	Apprentice
Citizenship (check)	<input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Refugee	<input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Refugee
Idaho resident?	<input type="checkbox"/> Yes, number of years ____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, number of years ____ <input type="checkbox"/> No
Ethnicity and tribal affiliation		
Country, date, and place of birth		